

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/19/2011	
NAME OF PROVIDER OR SUPPLIER COLUMBUS HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY STREET COLUMBUS, IN47201			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/19/11</p> <p>Facility Number: 000058 Provider Number: 155133 AIM Number: 100283340</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Columbus Health and Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0027 SS=E	<p>has a capacity of 212 and had a census of 168 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 3 of 9 sets of smoke barrier doors were equipped with the appropriate hardware to allow the door which must close first, to always close first so both doors will always close completely as a pair. The Centers for Medicare & Medicaid Services (CMS) requires sets of smoke barrier doors which swing in the same direction and are equipped with an astragal to have a coordinator to ensure the door without the astragal always closes first. This deficient</p>			K0027	<p>Doors in question were tested to assure proper ordered closure. Doors throughout facility were tested to assure proper ordered closure. Coordinators will be installed on all smoke barrier double doors that swing in the same direction to assure ordered closure. Weekly audits will be conducted utilizing Fire System Preventative Maintenance Checklist until 4 consecutive weeks without issue then monthly thereafter. Results will be reviewed at Performance Improvement monthly for 3 months</p>		08/19/2011

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	<p>practice could affect 15 residents on main hall, 24 residents on freedom hall, 12 residents on patriot hall, 10 residents on generations hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 07/19/11 during the tour between 12:01 p.m. and 1:59 p.m. with the Maintenance Supervisor, the smoke barrier doors which swing in the same direction and are equipped with an astragal, lacked a coordinator for the following sets of doors:</p> <p>a. The set of smoke doors on main hall lacked a coordinator</p> <p>b. The set of smoke doors on freedom hall next to room # 1 lacked a coordinator</p> <p>c. The set of smoke doors on patriot hall next to room # 24 lacked a coordinator</p> <p>Based on interview on 07/19/11 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned sets of smoke doors which swing in the same direction lacked a coordinator to allow the door without the astragal to close first.</p> <p>3.1-19(b)</p>				<p>thereafter will be reviewed on a quarterly basis.</p> <p>8/19/2011</p>		

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K0062 SS=E	<p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview, the facility failed to ensure 4 of 5 gauges for the sprinkler system were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility as well as staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 07/19/11 at 2:18 p.m. with the Maintenance Supervisor, four pressure gauges on the sprinkler riser system located in the Mechanical room on Moving Forward were marked on the face of the gauge 05/15/06. Based on Sprinkler Inspection Records review on 07/19/11 at 3:21 p.m., the documentation indicated the sprinkler system and gauges were installed in May of 2006 and had not been recalibrated since. Based on</p>		K0062	<p>Sprinkler system maintenance records were reviewed for pressure gauge recalibration on the Moving Forward riser.</p> <p>Sprinkler system maintenance records were reviewed throughout the facility for pressure gauge recalibration.</p> <p>Gauges not in compliance were replaced throughout the facility on 7-21-2011. The dates of installation were written on each new gauge. The date of next required testing was also written on the new gauges. Weekly audits will be conducted utilizing Fire System Preventative Maintenance Checklist until 4 consecutive weeks without issue then monthly thereafter. Results will be reviewed at Performance Improvement monthly for 3 months be reviewed on a quarterly basis.</p> <p>8/19/2011</p>		08/19/2011	

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K0144 SS=F	<p>interview on 07/19/11 at 2:25 p.m., the Maintenance Supervisor claimed the pressure gauges were installed in May of 2006 and was unaware they needed to be calibrated or replaced every five years.</p> <p>3.1-19(b)</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <p>a) Liquid petroleum products at atmospheric pressure</p> <p>b) Liquefied petroleum gas (liquid or vapor withdrawal)</p> <p>c) Natural or synthetic gas</p> <p>Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an</p>			K0144	<p>A call was placed to Vectren gas utility to request the required letter of reliability of service.</p> <p>A call was placed to Vectren gas utility to request the required letter of reliability of service.</p> <p>A letter of reliability of service from Vectren gas utility was procured on 8-04-2011 in compliance with K144 and is kept on file for review.</p> <p>Back-up power system will be reviewed monthly via Generator Logs. Results of those reviews will be reviewed at Performance Improvement.</p> <p>8/19/2011</p>		08/19/2011

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	<p>alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ol style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption, 5. The signature of a technical person from the natural gas provider. <p>This deficient practice could affect all occupants as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on generator log record review on 07/19/11 at 3:02 p.m. with the Maintenance Supervisor, the facility did not have a letter from their natural gas supplier. Based on interview on 07/19/11</p>						

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	at 3:03 p.m. with the Maintenance Supervisor, it was acknowledged no other documentation could be provided to support the five requirements stated above from the natural gas vendor. 3.1-19(b)						